

NOTIFICATION OF INTENT FOR COMPREHENSIVE HIGH SCHOOLS RECEIVING PERKINS AND STATE PRIORITY FUNDS TO IMPLEMENT A NEW CAREER AND TECHNICAL EDUCATION PROGRAM—SCHOOL YEAR 2009-2010

Program Information

Contact Person: _____ Email: _____ Phone: _____
 School: _____ District: _____ CTDS: _____ Date: _____
 Address: _____ City: _____ Zip: _____ Program Physical Location: _____
 New Program Name: _____ CIP: _____ Option(s) Programs with Options must specify which option(s) will be taught (i.e. A, B, C, D): _____
 Will this program replace an existing program? ☐ Yes ☐ No Non-Active Program Name: _____ Non-Active Program CIP: _____
 Is this a JTED program? ☐ Yes ☐ No *If yes, the JTED Superintendent also will need to submit a "JTED Application for Course Approval"*
 New Option for Existing Program? ☐ Yes ☐ No Program Name: _____ CIP: _____ New Option(s) (i.e. A, B, C, D): _____

Check the appropriate boxes, indicating the following items will be developed/integrated into the program for 2009-2010 School Year:

- ☐ Community assessment; data indicating opportunities for students for employment or continued training/education in this program.
☐ Administrators, Parents, Community and local Business and Industry are involved in the development and maintenance of this program.
☐ Sufficient enrollment, staff, equipment and facilities will be in place to implement this program. Required reports and data will be submitted.
☐ Program Standards are actively utilized in the coherent sequence of courses with including integration of Academic Standards.
☐ Students will be engaged in work-based learning experiences and/or activities.
☐ CTSO will be integrated (check the appropriate box): ☐ DECA ☐ FBLA ☐ FCCLA ☐ FEA ☐ FFA ☐ HOSA ☐ SkillsUSA

Planned Course Sequence

Courses listed below must deliver the entire set of state-designated program competencies:

Intended Grade Level	Course CIP per Handbook	Local Course Title	Implementation Date	Projected Enrollment	Physical location where course is taught (high school campus, com. college, etc)	Teacher Name	Appropriate VTE/ CTE Certification
Career Exploration (7-9)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (9)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (10)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (11)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (12)							<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Teacher / Department Chair: _____ Date: _____ School Principal: _____ Date: _____
 Local CTE Director: _____ Date: _____ District Superintendent: _____ Date: _____

Please Submit One Form For Each New Program and Option at Each Site – No Later Than January 1, 2009 – Fax: 602-542-5334

***Please submit by deadline. If the school is unable to offer the program during the '09-'10 school year, please withdraw the NOI in the fall of 2009.**